

**International Health Partnership and Related Initiatives (IHP+)**  
**Steering Scaling-up Reference Group (SuRG) Meeting**  
**23 October 2008, 30 October 2008, 17h00 CET**

**23 October 2008 - Participants included representatives of:**

AIDS Alliance	Norway (Chair)
AusAID	Sweden
Bill and Melinda Gates Foundation	Treatment Action Group
France	UNAIDS
GAVI	UNFPA
Germany	UNICEF
OECD	WHO
Netherlands	World Bank

**30 October 2008 - Participants included representatives of:**

EC	UK
France	UNFPA
Germany	UNICEF
GAVI	WHO
Treatment Action Group (TAG)	World Bank (Chair)

**Action Points**

- The Core Team will share with the SuRG the draft ToRs and proposed management arrangements for the High-Level Taskforce on Innovative International Financing for Health Systems.
- The IHP+ Working Group on Validation will share the updated Validation Framework when it is finalized (mid-November).
- The Core Team will draft Terms of Reference (ToRs) for the IHP+ Ministerial Review. TORs will be circulated to SuRG for comments end of November.
- The Core Team will draft a template cover letter to accompany dissemination of the guidance notes on Country Compact development and Civil Society (CS) engagement.
- World Bank will circulate the HHA concept note and work program.

**1. Taskforce for Innovative International Financing for Health Systems**

Bob Fryatt (WHO) provided a brief update on the recently established Taskforce on Innovative International Financing for Health Systems. The TORs are with the co-chairs and will be shared as soon as they are released to the full Taskforce.

- The overall objective of the Taskforce is to contribute to achieving the health-related MDGs by garnering additional aid for health, increasing the efficiency of health financing, and helping to make sure that additional aid is spent and absorbed.
- The members of the Taskforce include:
  - PM Gordon Brown (UK) (co-chair)
  - Robert Zoellick (President, World Bank) (co-chair)
  - President Ellen Johnson-Sirleaf (Liberia)
  - PM Jens Stoltenberg (Norway)
  - Tedros Adhanom Ghebreyesus (Health Minister, Ethiopia)
  - Bernard Kouchner (Foreign Minister, France)
  - Giulio Tremonti (Finance Minister, Italy)
  - Heidemarie Wierczorek-Zeul (Development Minister, Germany)
  - Margaret Chan (Director-General, World Health Organization)
  - Graca Machel (Representing Civil Society)
- Phillippe Douste-Blazy, UN SG Special Advisor for Innovative Financing, will act as special advisor to the Taskforce.
- The Taskforce will meet 3-4 times over a 12 month period.

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- Taskforce members will nominate one 'Sherpa' each; the Sherpas will oversee work in preparation of the Taskforce meetings.
- The Taskforce will have three working groups:
  1. Constraints to scaling up & costs – This group is a technical working group that will focus on understanding the health systems financing gaps and needs and seeking out/creating opportunities to resolve constraints and how to ensure absorption of additional aid.
  2. Raising and channelling funds – This working group will focus on reviewing a range of approaches to raise additional revenue. It will also examine opportunities to engage the private sector and provide recommendations regarding useful financing instruments.
  3. Promote international support for recommendations – This working group will consult a wide range of stakeholders, promoting support of the recommendations of the Taskforce and ensuring implementation of such recommendations.
- The IHP+ Core Team will serve as the virtual secretariat to the Taskforce under the guidance of the sherpas. The Core Team will provide overall coordination and support to working groups.
- The Taskforce will have a comprehensive communications strategy which will clearly define and disseminate Taskforce developments, namely regarding streamlining of global aid architecture for health.
- The proposed first meeting of the Taskforce is 1 December 2008 in Doha; this is not yet confirmed.

### *Comments/Discussion:*

- The OECD noted a recent workshop on lessons in health financing.  
<http://www.oecd.org/dataoecd/8/10/41466709.pdf>

## **2. Validation of Country Health Strategies and Plans**

Andrew Cassels (WHO) gave an update on ongoing work on validation of country health strategies and plans.

Broad agreement on major attributes has been reached

- A detailed instrument has been developed which breaks down each attribute into the essential (minimum) criteria to be met.
  - A similar instrument exists to examine the multisectoral AIDS strategy.
- A framework to assess strength of country health strategies and plans at the country level has been developed.
  - The framework includes guidance in: determining whether criteria has been fully or partially met, or not met at all and assessing whether some attributes may be more useful in program-specific work over others.
  - It is envisioned that such guidance will result in consistency in assessment and validation of country health strategies and plans.
- It is important to wait until text is clearly defined before taking it forward at the country level.
- The Ethiopia post-compact mission was helpful in thinking through ways to take validation forward at the country-level. With a strong, existing mechanism for validation, an independent review element is being added to existing process.
- Planning such country missions is difficult due to management of many schedules.
- The Mali health sector review has been postponed until the first week of November.

### *Comments/Discussion:*

- Netherlands suggested that it may be valuable to start by taking this work forward in a limited number of countries, promoting learning by doing, and adjusting the process and tools appropriately.
- Norway suggested it was important to be clear about the added value of the validation process, to be transparent about who is being consulted in the validation process at the country level, and to clarify the definition of 'independent' with respect to the validation process.
  - Andrew commented that the validation framework sets out options for taking this work forward in light of existing cycles of review at the country level and that this work will be done with all key stakeholders
  - It was noted that validation work is critical, particularly for development partners without representation at the country level. The validation process will serve to a) give development partners confidence in country health strategies and plans and b) possibly attract other financiers not currently involved in the IHP+ process.
  - Discussions of criteria for an 'independent' element of validation are ongoing. The working group will report back on this at a later date.
- Sweden questioned how deep the Taskforce would delve into issues of public financial management.
  - Andrew noted that the section of the framework on public financial management was not yet complete. The working group will wait for comment on this after the working draft is circulated.

### **3. Compact Guidance**

Nicole Klingen (World Bank) updated partners on the finalized compact guidance note. It was noted that the recent signing of the Ethiopia and Mozambique compacts highlighted compact quality and consistency as an area of attention for the SuRG. While country Compacts are flexible and will be different in both form and content, it was noted that the IHP+ process may be undermined without some sort of requisite minimum level of quality.

#### *Comments/Discussion:*

- Germany noted the importance of working with existing processes and investing in strengthening existing mechanisms. It was further stated that the IHP+ should facilitate work on solution strategies for bottlenecks. Clarification was requested on the definition of "one budget process."
- Further discussion and clarification was also requested regarding the proposal of a collective minimum funding commitment.

### **4. IHP+ Ministerial Review, Geneva, 4-5 February 2009: discussion of draft objectives**

The IHP+ Ministerial Review will be held from February 4 to 5 in Geneva. All SuRG members were asked to take note of these dates.

- The overall objective is to review progress of the IHP+, with a focus at the country level, in order to inform its future direction. Draft "IHP+ Ministerial Objectives" were circulated and comments/suggestions requested.
- ToRs for this meeting will be circulated for comments by end of November.

#### *Comments/discussion*

- France requested that the full name of the Taskforce be used in the "IHP+ Ministerial Objectives" document to avoid confusion.
- Germany requested that the proposal for harmonizing IHP and related initiatives be shared well in advance of the meeting.
- The EC requested further information regarding new signatories to the Global and Country Compacts and addressing financing gaps.
  - New Global Compact signatories: Nigeria, Madagascar, Australia, Finland and Sweden.
  - Country Compacts signed in: Ethiopia (Aug 08), Mozambique (Sep 08).
- UNFPA recommended that the financial crisis and its impact on domestic and external resources be recognised in the agenda.

### **5. CS Engagement Note and related dissemination plan**

The Note on Civil Society Engagement in Country Health Sector Teams was circulated and is ready for dissemination.

- Partners are strongly urged to disseminate this guidance note to the country level and to encourage discussion on how to leverage CS involvement.
- It is hoped that CHSTs will provide updates on CS engagement in upcoming SuRGs.
- A sample letter has been drafted for development partners to adapt and send out to representatives at the country-level (see attached).

#### *Comments/discussion*

- EC requested information on the process for selecting global CS representatives.
- Selection process has been open and transparent. A call for applications was launched in September and a decision should be made by early November.
- E. Ireland and S. Perez have applied for their current positions, but will be involved in the transition process if not selected.
- EC questioned how CS would be held accountable.
- Sue noted that this discussion will take place at the country level with global CS support.
- DfID inquired about CS capacity strengthening.
- CS capacity building should focus on core areas to be strengthened. CS representatives will work with CS groups to develop a more detailed outline of proposed activities to build capacity at the country-level.
- The SuRG had agreed that The CS guidance note is a SuRG document. It was decided that the Core Team will draft a template cover letter to accompany dissemination of both, the guidance note on Country Compact development and on Civil Society (CS) engagement.
- UNFPA noted the importance of ensuring flexibility of language used in letter, as each organisation may implement/approach it differently.

**6. Update on Harmonization for Health in Africa (HHA)**

- The HHA mechanism was launched in 2006 and brings together Regional Offices of WHO, UNICEF, UNFPA, UNAIDS, AdB, and the World Bank. HHA aims to harmonise development partners to support scaling-up health services in Africa. It was noted that additional development partners are most welcome to join HHA.
- Please refer to the HHA Action Framework attached to these NfR.
- Requests for HHA technical support are made by MoH through the donor groups or one of the partners. The agency then coordinates and mobilises support across the HHA. HHA has been successful but is still facing some challenges, notably the disconnect between the level of demand and the supply it can offer (e.g., currently, it can only respond to 25-30% of requests).
  - It was noted that the World Bank recently announced plans to increase its own capacity to provide quality assistance in health systems with a special focus on Africa.

*Comments/discussion*

- UNICEF noted that the World Bank's effort be helpful to meet and respond to HHA requests more timely.
- The EC inquired whether the mechanism would pool support from other donors and agencies using the NEPAD approach. In addition, the question was raised if HHA was also building local capacity according to the Accra Agenda for Action.
  - The HHA has developed a capacity building programme - a draft will be ready for distribution by end November.
  - It was noted that USAID had expressed interest in joining the HHA.

**7. AoB**

- The co-chairs of the High level Taskforce on International Financing for Health Systems will send a joint letter to the Taskforce members with the Draft Terms of Reference, and proposed management arrangements.
- Update on compacts:
  - Zambia held a workshop last week to finalise costings. A compact is expected for January.
  - A joint mission on national strategies applications and validation anticipated to go to Mali in December. A compact is expected to be signed in January.